UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Name:

Attorney Docket No. 241858US2

First Inventor or Application Identifier

Takaya SUDA

MEMORY CARD AUTHENTICATION SYSTEM, MEMORY CARD HOST DEVICE, MEMORY CARD, STORAGE AREA SWITCHING METHOD, AND STORAGE AREA SWITCHING PROGRAM

Assignee Name:

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Assignee Address:

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			Tokyo, Japan			
			Commissioner for Patents			
	See	APPLICATION ELEMENTS MPEP chapter 600 concerning utility patent application contents	ADDRESS TO: Mail Stop Patent Application Alexandria, Virginia 22313			
1.		Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	ACCOMPANYING APPLICATION PARTS			
			7. Assignment Papers (cover sheet & document(s))			
2.		Specification Total Sheets 26	8. Application Data Sheet. See 37 CFR 1.76			
_			9. 37 C.F.R. §3.73(b) Statement Power of Attorney			
3.		Drawing(s) (35 U.S.C. 113) Total Sheets 6	10. ☐ English Translation Document (if applicable)			
			11. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations (3)			
4.		Oath or Declaration Total Pages	12. Preliminary Amendment			
	a.	☐ Newly executed (original or copy)	13. White Advance Serial No. Postcard			
b. Copy from a prior application (37 C.F.R. §1.63(d)) (tor continuation/divisional with box 17 completed)			14. Certified Copy of Priority Document(s) (1) (if foreign priority is claimed)			
		 DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b). 	15. Applicant claims small entity status. See 37 CFR 1.27			
5. 1		CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	16. Other: Request for Priority, Statement of Relevancy			
6.		Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)				
	a.	Computer Readable Form (CRF)				
	b.	Specification or Sequence Listing on :				
		i. ☐ CD-ROM or CD-R (2 copies); or				
		ii. Paper				
	C.	Statements verifying identity of above copies				
	_	CONTINUING APPLICATION, check appropriate box, and supp				
	_	Continuation	i-in-part (CIP) of prior application no.: Group Art Unit:			
		••	·			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.						
18. Ar	mer	nd the specification by inserting before the first line the se	entence:			
	his	application is a Continuation Division	☐ Continuation-in-part (CIP)			
		oplication Serial No. Filed on				
☐ This application claims priority of provisional application Serial No. Filed						
19. CORRESPONDENCE ADDRESS . 22850						
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Registration No.:

oket No.

241858US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TOPENTOR(S) Takaya SUDA

SERIAL NO:

New Application

FILING DATE: Herewith

FOR:

MEMORY CARD AUTHENTICATION SYSTEM, MEMORY CARD HOST DEVICE, MEMORY CARD, STORAGE AREA SWITCHING METHOD, AND STORAGE AREA SWITCHING PROGRAM

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	29 - 20 =	9	x \$18 =	\$162.00
INDEPENDENT CLAIMS	7 - 3 =	4	x \$84 =	\$336.00
MULTIPLE DEPENDENT CLAIMS (If applicable) + \$280 =				\$280.00
■ LATE FILING OF DECLARATION + \$130 =				\$130.00
	\$750.00			
	\$1,658.00			
☐ REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
☐ FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
☐ RECORDATION OF ASS	SIGNMENT		+ \$40 =	\$0.00
			TOTAL	\$1,658.00

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- A check in the amount of \$1,658.00 to cover the filing fee is enclosed.
- ☐ Credit card payment form is attached to cover the filing fee in the amount of
- The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment form is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.

8/26/03

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